extracts before meals. To this may be added the malt extracts, such as maltzyme, which seems to have the more active diastatic action.—*The Post-Graduate*, 1897, No. 11, p. 647.

The Action of the Opium Alkaloids upon Peristalsis.—Dr. Zoltáu V. Vámossy, after a careful review of the literature bearing upon the cause of the greater inhibition of peristalsis by opium than by morphine, fails to find with rabbits any notable difference of power between the two substances. After the slight hyperæmia caused by the alcohol (tincture of opium) has disappeared, the intestine remains as quiet as with morphine. Further narcotine only slightly diminishes the reflex excitability of the intestinal wall, and does not possess any inhibitory action so far as peristalsis is concerned. Papaverine resembles morphine so far as this property is concerned, but is not of therapeutic use, because of its uncertain action. Theabaine increases intestinal excitability, and even gives rise to intense peristalsis. Narceine resembles the narcotine. Codeine increases intestinal excitability. Cryptopine and landanime act as does codeine. So far as this investigation has gone the question is unanswered. This much is evident: Opium does not possess a favorable influence upon the intestine by virtue of the accessory alkaloids which it may contain. It is of the highest importance, however, to establish the fact that physiological experiments have demonstrated that the influence of morphine on peristalsis is due to a local action.—*Revue de Thérapeutique*, 1897, No. 16, p. 511.

Argentamine.—Dr. J. S. Schulhof reports upon the use of this substance, which is æthylendiamin silver phosphate. This penetrates much more deeply into the tissues than the nitrate; it is equally astringent in weaker solutions; it is a much stronger disinfectant than corresponding solutions; it is a much better bactericide for gonococci; it possesses a higher germ-destroying power for various micro-organisms. He reports 328 instances of its use in catarrhal conjunctivitis, trachoma, catarrhal ophthalmia, ophthalmic blennorrhœa, follicular catarrh, traumatic conjunctivitis, blennorrhœa neonatorum, and eczematous conjunctivitis. The remedy is used in 5 per cent. aqueous solution once or twice daily, instilled without after-irrigation with water or sodium chloride solution. Corneal complications, even ulceration, pannus, iritis, or cyclitis, are not contraindications. It should be preserved in dark glass bottles.—*Wiener Medizinische Wochenschrift*, 1897, No. 33, S. 1525.

Cocaine and Suprarenal Extract as Local Anæsthetics.—Dr. W. H. Bates notes that in 10 per cent. solutions, cocaine is a cause of pain, owing to the exfoliation of corneal epithelium, to which it gives rise during long operations. The use of a speculum is also objectionable. This drug, in 2 to 4 per cent. solution, should be instilled every few minutes, until anæsthesia is produced, and the eye should be closed frequently. There are cases which require one-half hour or more to produce anæsthesia. If the eye is sore or inflamed, cocaine is inefficient. Here a few drops of a solution of extract of the suprarenal capsule will sufficiently relieve the congestion so that cocaine will produce anæsthesia. By this combination ether in advancement operations can be dispensed with, and iridectomies and inflammatory glaucoma operations become painless. More than one hundred operations performed during the past three years demonstrate the utility of the method. The suprarenal extract is prepared immediately before the operation by mixing about ten grains of the dried powdered glands in half a drachm of water and filtering, which results in an unirritating and non-poisonous solution. No antiseptic should be added. To prevent subsequent soreness, a fountain syringe holding a quart should be filled with water of a temperature of 115° F., to which two drachms of sodium chloride have been added, placed at an elevation of three feet, and the eye thoroughly douched, the water draining into a basin placed beneath the eye. This procedure should be repeated three times.—*New York Medical Journal*, 1897, No. 985, p. 529.

The Opium-Bromide Treatment of Epilepsy.—Dr. Warda describes Flechsig's method as follows: Opium is administered for six weeks in gradually increasing doses until the daily amount of fifteen or more grains is reached. The opium is now withdrawn, and the bromides in large doses substituted. His personal use of the bromides is described as commencing with the daily dose of ninety to one hundred and thirty grains, to continue this for three or six months, then, by reductions each six months, to come to fifteen to thirty grains daily after two or three years. Rest in bed, intestinal irrigation, and attention to diet aid this treatment. The history of forty-four patients, including eleven of Bennecke, is given, with the result that 27.5 per cent. were decidedly, the same percentage slightly, improved, 42.5 per cent. unchanged, and one became worse (fatal result). Since, according to this study, 55 per cent. were improved, the method may be understood as a real advance in the treatment of epilepsy.—*Monatschrift für Physchiatrie und Neurologie*, 1897, Heft 4, S. 257.

The Treatment of Diabetes Mellitus by Uranium Nitrate.—Dr. Ebenezer Duncan reports four instances of the use of this drug, and believes that the diminution of the urine and of the sugar in these cases and the improvement in the weight and in the general health and strength of these patients are due to the stimulating effect produced by the uranium salt on the sugar-consuming cells of the human body. This effect may be either direct or indirect through the trophic nerve centres. The sugar formed from the food of the patient is no longer excreted, and as the patient gains in weight and muscular strength it must have been consumed in adding to the nutrition of the tissues. It is true that by physiological experiments it has been proved that outside of the human body the uranium salt retards the digestion of starch, and forms an unsoluble compound with albumin, and on that ground it was thought to be likely that in diabetes its action is due to the effect it has in checking the rapid digestion of starch and some forms of albumin. The difficulties in accepting that theory are, first, that patients appear to digest their food quite normally, and even rapidly, as shown by the frequent meals for which they asked; and, in the second place, the large amount of sugar of milk taken in these cases would ultimately have overflowed into the urine if it had not been taken up by the sugar-consuming cells. It is likely that this remedy will prove to be most useful in cases of neurogenous origin, and